State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
001692832	Community Residences, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Community based day programs for people with IDD. SLA programs for people with IDD.
4. NAICS Code: 623210	

6. Principal Office Address	City	State	Zip
424 Buttonwoods Ave. Unit 4	Warwick	RI	02886

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Pamela Paisey			Vice-President Name: Christina Mohr		
Street Address: 128 Pinebrook Road			Street Address: 81 Tarragon Lane		
City: Colchester	State: CT	Zip: 06415	City: East Hampton	State: CT	Zip: 06424
Secretary Name: Joanna Perez-Silmon			Treasurer Name: Desmond Mahario		
Street Address: 24 Lawrence Lane			Street Address: 106 Allen Ave #178		
City: Newington	State: CT	Zip: 06415	City: Meriden	State: CT	Zip: 06451

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☑

Director Name: Stanley deMello			Director Name: Amy Kelly		
Street Address: 80 Candlelight Drive			Street Address: 17 Rowena Drive		
City: Glastonbury	State: CT	Zip: 06033	City: Johnston	State: RI	Zip: 02919
Director Name: Elaine Bell			Director Name: Alvin Richardson		
Street Address: 85 Benham Street			Street Address: 110 Mystic Drive		
City: Torrington	State: CT	Zip: 06790	City: Warwick	State: RI	Zip: 02886

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
PAMELA PAISEY	4-26-24

Signature of Officer/Authorized Representative: Pamela Paisey

FILED
MAY 1 2024 11:31
BY YVeem

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023

Bailee Pacheco
39 Amsterdam Ave
Warwick RI02889